U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.
E OLMS OF	·····
1-1-1	
1. File Number U - (CA)	2. Fiscal Year Covered From:
	@1/01/2004 Through: 12/31/2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name THOMAS G KERShNEN	Name BrothenHord Locomotius GARIDECK + Trainme
	Labor Organization File Number 009-050
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 618 12th AUE South	Street 1370 ONTARIO STOSET MEZZAINE
City CLINTON TOWA	City CLZUE/AND
State 7.0w A ZIP Code + 4 52732	State OHIO ZIP Code + 4 44/13-1762
5. Position in labor organization. PRESIDENT BL, ET DIV 125	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Namr	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
- Secretary and the secretary	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
signed Thomas & Kongline	on 7-25-05 563 243-7740
	Date Telephone Number
Form I M 30 (2002)	

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 12.b. Amount.
C. Received from any employer (other than an employer covered under parts A and B above)	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name RAHAMAN + O'BALEN L.L.C. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1031 Lam: Street City St. Louis State Missour: ZIP Code +4 (3104)	14.a. Nature of payment. 14.a. Nature of payment. 14.a. Nature of payment. 14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant ?	OUER 45.00